2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90204 028 ***150.00

DOCUMENT # P98000086836

1. Entity Name
ROBERT S. CAPUTO, D.O., P.A.

FILED
05 MAY 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
550 W RESTONE AVE 470 CRESTVIEW, FL 32536	550 W RESTONE AVE 470 CRESTVIEW, FL 32536

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03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3537819
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUTO, ROBERT S
550 REDSTONE AVENUE, W.
SUITE 470
CRESTVIEW, FL 32536

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert S. Caputo 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CAPUTO, ROBERT S
STREET ADDRESS	550 REDSTONE AVENUE, W. SUITE 470
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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4/25/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an asterisk in front.

SIGNATURE: Robert S. Caputo 8/25/05 8506892223
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OR DIRECTOR — Date — Daytime Phone #